

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90284 034 \*\*\*150.00

DOCUMENT # S06251

1. Entity Name

DAVIE BAR RANCH, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1601 N. PALM AVENUE

3. Mailing Address  
1601 N. PALM AVENUE

Suite, Apt. #, etc.  
308

Suite, Apt. #, etc.  
308

DO NOT WRITE IN THIS SPACE

City & State  
PEMBROKE PINES, FL

City & State  
PEMBROKE PINES, FL

4. FEI Number 65-0228377

Applied For  
Not Applicable

Zip  
33026

Country  
USA

Zip  
33026

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
PETE SANTI, JR.

Street Address (P.O. Box Number is Not Acceptable)  
1601 N. PALM AVE.

STE. 308

City  
PEMBROKE PINES FL 33026

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DOUGLAS SANTI

4/26/2004

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROSE SANTI  
1601 N. PALM AVE., STE. 308  
PEMBROKE PINES, FL 33026

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DOUGLAS SANTI  
1601 N. PALM AVE., STE. 308  
PEMBROKE PINES, FL 33026

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

DOUGLAS SANTI - DIR.

4/26/2004

954-885-0885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034R (12/02)